

Plan of Correction

Program Name: New Dawn Center	Date Submitted: 03/08/18	Date Due: 04/08/18
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Administrative POC-1

Rule #: 67:61:04:09	Rule Statement: Staffing, training, and hours of operation. Each agency shall have policies and procedures in place to respond to potential medical emergencies that clients may encounter while residing at the facility. Each agency providing treatment services shall provide adequate staffing, training, and hours of operation at the following levels: 1) Day treatment with residential services and clinically-managed low-intensity residential treatment programs shall operate 7 days a week, 24 hours a day. The agency shall have a staff member trained to respond to fires and other natural disasters as well as to administer emergency first aid and CPR on duty at all times. An addiction counselor or counselor trainee shall be available to the clients at least 8 hours a day, 5 days a week, and shall be available on-call, 24 hours a day. The agency shall maintain written staff schedules which shall be available to the division at the time of the accreditation survey;	
Area of Noncompliance: When reviewing the personnel files not all staff had documentation of training in first aid or CPR and not all staff schedules were available.		
Corrective Action (policy/procedure, training, environmental changes, etc): Agency will utilize a CPR/First Aid training on line.		Anticipated Date Achieved/Implemented: Date 5/4/2018
Supporting Evidence: The web site to be used is: CPRcare.com		Person Responsible: Agency administrative assistant.
How Maintained: Supervised by Agency Assistant Director		Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2

Rule #: 67:61:04:01	Rule Statement: Policies and procedures manual. Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.	
Area of Noncompliance: The agency's policy and procedure manual still referenced the ARSD 46:05 and need to be updated to the ARSD 67:61.		
Corrective Action (policy/procedure, training, environmental changes, etc.): Agencies Policy & Procedure manual to be re-written using ARSD 67:61		Anticipated Date Achieved/Implemented: Date 10/8/2018
Supporting Evidence: An approved copy by the agencies Board of Directors will be sent to the Division of Behavioral Health.		Person Responsible: Agency Director/Clinical Supervisor

How Maintained: Supervised by agency director with annual review by agencies Board of Directors.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
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Administrative POC-3

Rule #: 67:61:06:03	Rule Statement: Policy on abuse, neglect, and exploitation. Each agency shall have a policy which prohibits abuse, neglect, and exploitation of a client. The policy shall contain the following: <ol style="list-style-type: none"> 1) Definitions of abuse, neglect, and exploitation pursuant to SDCL 22-46-1; 2) A requirement to report to the division any incidents of abuse, neglect, or exploitation; 3) A requirement to report to the department pursuant to SDCL 26-8A-3 and 26-8A-8; 4) A procedure for disciplinary action to be taken if staff engages in abusive, neglectful, or exploitative behavior; 5) A procedure to make immediate efforts to inform the guardian, or the parent if the client is under 18 years of age, of the alleged incident or allegation; and 6) Upon substantiation of the incident, a requirement to document the actions to be implemented to reduce the likelihood of, or prevention of, repeated incidents of abuse, neglect, or exploitation. 	
Area of Noncompliance: The agency did not have a policy or procedure regarding the abuse or neglect and exploitation of a client.		
Corrective Action (policy/procedure, training, environmental changes, etc.): A new policy will be written outlining SDCL 22-46-1; and will include SDCL 26-8A-3 and 26-8A-8.		Anticipated Date Achieved/Implemented: Date 5/18/2018
Supporting Evidence: A completed policy will be sent to the Division of Behavioral Health.		Person Responsible: Agency Director/Clinical Supervisor
How Maintained: By an annual review by the Board of Directors.		Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-4

Rule #: Contract Attachment 1	Contract Attachment: <u>Populations to be Served</u> It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.	
Priority Populations: Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:		
<ol style="list-style-type: none"> 1) Pregnant Women <ol style="list-style-type: none"> a) Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds. 		

	<p>b) The agency shall publicize by public service announcement or street outreach programs the availability to such women of these treatment services designed for pregnant women and women with dependent children.</p> <p>c) Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124.</p> <p>d) Pregnant Women who are also Intravenous Drug Users are the highest priority for services.</p> <p>2) Intravenous Drug Users</p> <p>a) The agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use.</p> <p>b) The agency shall maintain a record of outreach services provided to intravenous drug users.</p> <p>c) Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131.</p> <p>d) The agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre- and post-test counseling.</p> <p>3) Adolescents</p> <p>Limited English Proficiency Policy</p> <p>4) The agency shall develop and implement a Limited English Proficiency Policy (LEP), as a condition for funding under this contract agreement to ensure that LEP individuals are provided with an opportunity to participate in and understand all provided services.</p> <p>5) The means of effective communication may be through interpreters or the translation of written material as deemed necessary by the Agency.</p>
<p>Area of Noncompliance: The agency will publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service needs to be documented. A policy for Limited English Proficient (LEP) will need to be put in place.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc.): The agency web site and printed promotional materials will be amended to provide this information. A policy outlining the access for Limited English Proficient (LEP) clients will be enacted.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 5/15/2018</p>
<p>Supporting Evidence: Notice to the Division of Behavioral Health (DBH) will be made and copies of changed materials will also be forwarded to DBH.</p>	<p>Person Responsible: Agency Director</p>
<p>How Maintained: Annual review by the agencies Board of Directors.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Administrative POC-5

<p>Rule #: 67:61:05:01</p>	<p>Rule Statement: Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows:</p> <p>1) Each new staff member, intern, and volunteer shall receive the two-step method of</p>
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	<p>tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test;</p> <ol style="list-style-type: none"> 2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease; 3) Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Mycobacterium tuberculosis</i>. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and 4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.
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Area of Noncompliance: When reviewing personnel files, TB tests were not completed within 14 days of hire.

Corrective Action (policy/procedure, training, environmental changes, etc.): New Employee orientation form used in personnel files will be amended to indicate this requirement. Policy outlining the requirement will be re-written using the existing TB screening requirements.	Anticipated Date Achieved/Implemented: Date 5/15/2018
Supporting Evidence: A completed policy will be sent to the Division of Behavioral Health.	Person Responsible: Agency Director
How Maintained: Supervised by agencies Assistant Director	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-6	
Rule #: 67:61:07:04	Rule Statement: Closure and storage of case records. The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including: <ol style="list-style-type: none"> 1) The identification of staff positions or titles responsible for the closure of case records within the agency and the MIS; 2) Procedures for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or clients who have not received services from an outpatient program in 30 days; and 3) Procedures for the safe storage of client case records for at least six years from closure.

Area of Noncompliance: The agency was missing a policy and procedure to ensure staff are responsible for closure of case records per rule.	
Corrective Action (policy/procedure, training, environmental changes, etc.): A new policy will be written outlining closure and storage procedures and time lines of client case records.	Anticipated Date Achieved/Implemented: Date 5/30/2018
Supporting Evidence: A completed policy will be sent to the Division of Behavioral Health.	Person Responsible: Clinical supervisor
How Maintained: Annual review by agencies Board of Directors.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-7

Rule #: 67:61:09:02	Rule Statement: Sanitation and safety standards. Each residential program shall meet the sanitation and safety standards for food service in chapter 44:02:07. An agency that provides dietary services by agreement or contract with a second party shall ensure that the provider has demonstrated compliance with chapter 44:02:07, by passing an annual, documented sanitation inspection conducted by the Department of Health.	
Area of Noncompliance: The kitchen remodel had not been started. The agency needs to develop a timeline for the remodel of the kitchen to be completed. The agency needs to develop a timeline to secure funding for the bathroom remodel and a timeline for completion of the project.		
Corrective Action (policy/procedure, training, environmental changes, etc.): Kitchen remodel project to be completed in 90 days. Grant request for the bathroom remodeling project to be submitted by June 28, 2018 Board of Directors meeting. Completion date to be determined by grant approval date.	Anticipated Date Achieved/Implemented: Date 7/8/2018 kitchen project	
Supporting Evidence: Statement of completion and progress by agencies Board of Directors sent to the Division of Behavioral Health.	Person Responsible: Agency Director	
How Maintained: Progress to be reviewed by agencies Board of Directors at every BOD meeting until completed.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	

Administrative POC-8

Rule #: 67:61:08:02	Rule Statement: Control, accountability, and storage of medications and drugs. Each residential programs shall meet the following requirements for the control, accountability, and safe storage of medications and drugs: <ol style="list-style-type: none"> 1) Any client on medications for substance use disorder, mental health, or medical conditions shall surrender all medications and drugs on admission to the agency per agency policy, and be educated about how to take his or her medication as prescribed while in the program; 2) Each client shall receive a formal orientation to the agency's medication policies and procedures upon admission; 3) All drugs or medications shall be stored in a locked storage area that is inaccessible to all persons at all times with the exceptions as specified in § 67:61:08:10; 4) All controlled drugs shall be stored in a separate locked box or drawer in the medication storage area; 5) Poisons, disinfectants, and medications prescribed for external use shall be stored
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	<p>separately from each other and internal medications, with each in a separate locked area inaccessible to clients and visitors;</p> <ol style="list-style-type: none"> 6) Biologicals and medications requiring refrigeration or other storage requirements as identified by the manufacturer's labeling shall be stored separately including refrigeration, freezing, and protection from the light in an area that is inaccessible to clients and visitors. If these medications are stored in a refrigerator containing items other than medications, the medications shall be kept in a separate secured compartment; 7) Each client's prescription medications shall be stored in the medication's originally received containers and may not be transferred to another container; 8) Any container with a worn, illegible, or missing label shall be destroyed along with the medication or drugs in the container, in accordance with § 67:61:08:05; 9) Only a licensed pharmacist may label, relabel, or alter labels on medication containers; 10) Any medication or drug prescribed for one client may not be administered to another client; 11) If a client brings his or her own medications or drugs into the program, the client's medications or drugs may not be administered unless the client can be identified and written orders for the medications or drugs administration is received from a licensed physician; 12) Each program shall have a procedure for contacting pharmacies and physicians as soon as possible after each client is admitted to the program; 13) If medications or drugs brought by a client into the program are not used, the medications or drugs shall be packaged, sealed, stored, and returned to the client, parent, guardian, or significant other at the time of discharge, if the return of the medications or drugs is approved by a program physician; the return of the medications or drugs shall be documented in the client's case record, with the name, strength, and quantity of the medication, and signed by the appropriate staff member; and 14) The telephone number of the regional poison control center, the local hospitals, medical director, and the agency administrator shall be posted in all drug storage and preparation areas.
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Area of Noncompliance: The fridge was found to have drinks in it and located in the client's kitchen area where could be accessible to clients and or visitors.

Corrective Action (policy/procedure, training, environmental changes, etc.): Policy to be written stating the small refrigerator in the kitchen is to only be used for client medications. An aluminum shade will be installed over the buffet line window to ensure security. Supervising kitchen staff will be required to be in the kitchen at all times while clients are completing their assigned chores.

Anticipated Date Achieved/Implemented:

Date 7/8/2018

Supporting Evidence: A completed policy will be sent to the Division of Behavioral Health.

Person Responsible:
Agency Director

How Maintained: Weekly inspections and ongoing observations by agencies Director and Assistant Director to monitor compliance.

Board Notified:

Y ☒ N ☐ n/a ☐

Administrative POC-9

Rule #:
67:61:08:10

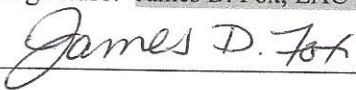
Rule Statement:

Self-administration of medication. A residential treatment program not employing a RN, a LPN, or UAP shall make the drug or medication available to a client for self-administration in accordance with the instructions of a licensed physician. The client shall self-administer the

<p>drug or medication under the supervision of a designated employee who enters the name, strength, and quantity of the medication and the time of self-administration in the client's case record.</p> <p>Clinically-managed low-intensity residential treatment programs are exempt from the requirement of supervising the self-administration of over-the-counter remedies. If the reasonable safety of all program clients is ensured, residential programs may allow clients to possess and self-administer without supervision those prescription medications that have been identified as allowable medications on a list developed specifically for the individual in consultation with a licensed physician. The list of allowable medications shall be reviewed at least annually by a licensed physician. Any medication not identified on the list shall be administered under supervision.</p> <p>Each residential treatment program utilizing self-administration processes shall establish policies and procedures that outline these processes.</p>	
<p>Area of Noncompliance: New Dawn did not have a record or an allowable list for each client to administer their own medications and or allow the client to have their medications for a week at a time in their individual room.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc.): Will develop a policy that all clients will use only prescribed medications as directed by the prescribing doctor.</p> <p>*Each client's counselor shall maintain a list of medications by recording the drugs name, strength, quantity of dose of medication and scheduled time of administration.</p> <p>*This record shall be maintained in each client's case record.</p> <p>*The list will be reviewed annually by the prescribing or supervising doctor.</p> <p>*Any medication not on the list will not be allowed for use by the client.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 5/15/2018</p>
<p>Supporting Evidence: Copy of policy to be sent to Division of Behavioral Health.</p>	<p>Person Responsible: Agency Director</p>
<p>How Maintained: A review of clinical records by the clinical supervisor.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Administrative POC-10	
Rule #: 67:61:06:02	Rule Statement: Guaranteed rights. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including: <ol style="list-style-type: none"> 1) The right to refuse extraordinary treatment as provided in SDCL 27A-12-3.22; 2) The right to be free of any exploitation or abuse; 3) The right to seek and have access to legal counsel; 4) To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system; 5) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (September 26, 2016); and 6) The right to participate in decision making related to treatment, to the greatest extent possible.

Area of Noncompliance: The agency needs to update two of the six guaranteed client rights to clearly identify all client rights. The agency does not have a policy or procedure regarding HIPPA and 42 C.F.R. A policy needs to be put in place along with a timeline for a plan to ensure training for current and future staff on HIPPA and 42 C.F.R.	
Corrective Action (policy/procedure, training, environmental changes, etc.): New Dawn Centers Client Rights notice to be updated. A new policy for in-service training addressing HIPPA and 42 C.F.R. to be added to new employee orientation process. All new employee orientation training & in servicing to be completed within five (5) days of starting employment.	Anticipated Date Achieved/Implemented: Date 5/15/2018
Supporting Evidence: Copy of revised client rights to be sent to Division of Behavioral Health.	Person Responsible: Agency Director
How Maintained: All new employee orientation documents will be reported to and reviewed by Board of Directors at the next scheduled Board of Directors meeting. *Annual review of Policies and Procedures manual by agencies Board of Directors.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Program Director Signature: James D. Fox, LAC – Agency Director/Clinical Supervisor 	Date: 4/27/2018
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Send Plan of Correction to:

Accreditation Program
Department of Social Services
Division of Behavioral Health
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